

# Foster Family Home - Corrective Action Report

Provider ID: 1-120057

Home Name: Tereza Miranda, CNA

94-120 Hulahe Street

Waipahu HI 96797

Review ID: 1-120057-10

Reviewer: Jackie Chamberlain

Begin Date: 9/18/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed CCFFH recertification. corrective action required due to CTA within 30 days

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47d.1 - Unable to locate physicians order for use of side rails for client # 1 and 2.

## Foster Family Home Records [11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(b)(1) Home chart is in disarray making it difficult to survey. There is no current medication list to compare to medication prescriptions

54.(c)(5) Client # 1 and # 2 medication administration record has not been signed since January 2020

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out since January 2020 for both clients

Jackie Chamberlain  
Compliance Manager

T. Miranda  
Primary Care Giver

9/18/2020  
Date

9/18/2020  
Date



CTA RN Compliance Manager: REPLY TO (TERRI) TERRI VAN HOUTEN RN / (JACKIE) CHAMBERLAIN RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: TEREZA MIRANDA  
(PLEASE PRINT)

CCFFH Address: 94 120 Hulabe ST, WAIPAHU, HI, 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47(d)(1)	Physicians order were obtain for one client.	10/17/20	Home will keep track of the physicians order that is required.
54(b)(1) 54(c)(5) 54(c)(6)	Home chart was organized and up to date, This includes Medication Log, Vital Signs And ADL's or Assignment Flow Sheets.	10/17/20	Home will log daily documentation and be prepared and organized.

☒ All items that were fixed are attached to this CAP

PCG's Signature: T Miranda

Date: 10/17/20

☒ CTA has reviewed all corrected items